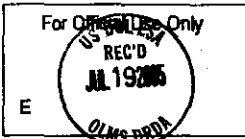


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

For approved  
Office of Management  
or Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>3333</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Phillip I FINKELSTEIN</u> P.O. Box, Bldg., Room No., if any <u>Unit 101</u> Street <u>3707 Grand Way</u> City <u>St. Louis Park</u> State <u>MN</u> ZIP Code + 4 <u>55416</u>	4. Name, file number, and address of labor organization. Name <u>Minnesota Nurses Association</u> Labor Organization File Number <u>053-683</u> P.O. Box, Building and Room Number, if any Street <u>1625 Energy Park Drive</u> City <u>St. Paul</u> State <u>MN</u> ZIP Code + 4 <u>55108</u>
5. Position in labor organization. <u>Labor Counsel</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Phillip I Finkelstein

On

7/5/05  
Date

651 646-4807  
Telephone Number

Name of Person Filing

PHILLIP I FINKELSTEIN

File Number U-

3333

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any):

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 9. Business deals with:

☐

a. Labor Organization

☐

b. Trust

☒

c. Employer

see attached email +  
response from DOL

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 11.a. Nature of such dealing.

see attached  
email + response from  
DOL

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

see attached email + response  
from DOL

## 12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 14.a. Nature of payment.

13.b. Is the Business an Employer ☐or Consultant ☐

?

## 14.b. Amount of payment.

Name of Person Filing **PHILLIP I FINKELSTEIN**File Number U- **3333**

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **North Memorial Medical Center**Trade Name, if any: P.O. Box, Bldg., Room No., if any Street **3300 Oakdale Ave N**City **Robbinsdale**State **MN** ZIP Code + 4 **55422**

9. Business deals with:

☐ a. Labor Organization☐ b. Trust☒ c. Employer**see attached email + response from DOL**

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State  ZIP Code + 4 

11.a. Nature of such dealing.

**see attached email + response from DOL**

11.b. Approximate dollar value of such dealing.

**UNKNOWN**

12.a. Nature of interest held or income received.

**Value can be determined****see attached email + response from DOL**

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State  ZIP Code + 4 

14.a. Nature of payment.

14.b. Amount of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

Name of Person Filing **PHILLIP I FINKELSTEIN**File Number U- **3333**

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8. Name and address of Business (including trade name, if any).

Name **Park Nicolet Health Services**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **6500 Excelsior Blvd**City **St Louis Park**State **MN** ZIP Code + 4 **55426**

9. Business deals with:

☐ a. Labor Organization☐ b. Trust☒ c. Employer

see attached email +  
response from DOL

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

see attached  
email + response from  
DOL

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

see attached email + response  
from DOL

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing

PHILLIP I FINKELSTEIN

File Number U-

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8. Name and address of Business (including trade name, if any).

Name Fairview Health Services

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2450 Riverside

City Mpls

State MN ZIP Code + 4 55454

9. Business deals with:

☐ a. Labor Organization☐ b. Trust☒ c. Employer

see attached email + response from DOL

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

see attached email + response from DOL

11.b. Approximate dollar value of such dealing.

UNKNOWN

12.a. Nature of interest held or income received.

Value can't be determined

see attached email + response from DOL

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing **PHILLIP I FINKELSTEIN**

File Number U-

**3333**

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8. Name and address of Business (including trade name, if any).

Name **Children's Hospital**Trade Name, if any: P.O. Box, Bldg., Room No., if any Street **2525 Chicago Ave**City **Mpls**State **MD** ZIP Code + 4 **55404**

9. Business deals with:

☐ a. Labor Organization☐ b. Trust☒ c. Employer**see attached email + response from DOL**

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name **see above**Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State  ZIP Code + 4 

11.a. Nature of such dealing.

**see attached email + response from DOL**

11.b. Approximate dollar value of such dealing.

**unknown**

12.a. Nature of interest held or income received.

**value can be determined****see attached email + response from DOL**

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State  ZIP Code + 4 

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing **PHILLIP I FINKELSTEIN**File Number U- **3333**

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8. Name and address of Business (including trade name, if any).

Name **Health East Care System**Trade Name, if any: P.O. Box, Bldg., Room No., if any Street **559 Capitol Blvd**City **St. Paul**State **MN** ZIP Code + 4 **55103**

9. Business deals with:

☐ a. Labor Organization☐ b. Trust☒ c. Employer**see attached email + response from DOL**

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name **see above**Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State  ZIP Code + 4 

11.a. Nature of such dealing.

**see attached email + response from DOL**11.b. Approximate dollar value of such dealing. **unknown**12.a. Nature of interest held or income received. **value can't be determined**  
**see attached email + response from DOL**12.b. Amount. 

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State  ZIP Code + 4 

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?14.b. Amount of payment.

Name of Person Filing

PHILLIP I FINKELSTEIN

File Number U-

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## 8. Name and address of Business (including trade name, if any).

Name allina HospitalTrade Name, if any: ~~AD~~

P.O. Box, Bldg., Room No., if any

Street 710 East 24th StreetCity MinneapolisState MN ZIP Code + 4 55404

## 9. Business deals with:

☐ a. Labor Organization☐ b. Trust☒ c. Employer

see attached email +  
response from DOL

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name see above

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

## 11.a. Nature of such dealing.

see attached  
email + response from  
DOL

## 11.b. Approximate dollar value of such dealing.

unknown

## 12.a. Nature of interest held or income received.

value can't be determined

see attached email + response  
from DOL

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## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

## 14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

## 14.b. Amount of payment.